

<b>Case Number:</b>	CM14-0016024		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Child and Adolescent Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who was injured at work on 11/30/2010. She suffered a cumulative physical trauma as well as work stress which included a reportedly hostile work environment. She became increasingly anxious and depressed, and was diagnosed with Major Depression, Moderate, and Psychological Factors Affecting General Medical Condition. As of the progress report dated 6/3/13, the injured worker was experiencing some clinical improvement in depression, as well as less anxiety. She was able to drive again, and was more sociable. As of 10/17/13, her mood became more depressed again, with crying spells, sleep difficulty, and complaints of gastrointestinal distress, orthopedic pain, and palpitations. She was prescribed the psychotropic medications Celexa, Ativan and Ambien. She has been taking psychotropic medications for several years. The request for monthly psychotropic medication management and medication approval was made.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT AND MEDICATION APPROVAL, ONE SESSIONS PER MONTH FOR SIX MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

**Decision rationale:** The ODG indicate that psychotropic medication management is an important component of the overall treatment plan for individuals who are suffering from mental health symptoms. Medication management appointments frequency and duration is determined by the severity of symptoms, whether a referral for testing has been made, if psychotherapy is involved, if there are missed days of work, and to monitor the clinical efficacy of medication response, make any necessary medication adjustments, and monitor for any adverse side effects. The injured worker is diagnosed with Major Depression and has been receiving psychotropic medications for several years. She is prescribed a combination of medications which does require periodic follow-up in order to provide safe quality of care. Based on the 10/17/13 deterioration of symptoms, it would be appropriate to schedule follow-up appointments once a month for at least a 3 month period. Subsequent appointments may not need to be scheduled on a once a month basis, as this should be determined by the clinical progress documented objectively. Therefore, the request for 6 monthly medication management appointments would be premature at this time. In addition, the request includes "medication approval", which cannot be approved without knowing the specific medications prescribed, including doses and numbers of pills/capsules requested. For these reasons, the request is not medically necessary.